

PARTICULARS POLICYHOLDER: (Applicant and premium payer)

Last name	:		
First names (in full)	:		
Date of birth	:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F
ID-card / passport number	:		(Compulsory to attach copy)
Mobile number (compulsory):	:		
E-mailaddress	:		
Correspondence address	:		
Bank / Account No	:		

PERSON TO BE INSURED:

Last name	:		
First names (in full)	:		
Date of birth	:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Adress	:		Place of residence
ID-card / passport number	:		(Compulsory to attach copy)
Telephone numbers	:		
Mobile number (compulsory):	:		
E-mailaddress	:		
Relationship to the policyholder	:		
Name of the mother (for newborn):	:		
Date of birth of the mother	:		
Relationnumber of the mother	:		

Whom do you prefer to be the family doctor if you are AZPAS-insured? Name: Address clinic:

*Who is your current or most recent family doctor? Name: Address clinic:

PRODUCT INFORMATION:

AZPAS BUDGET

Select premium payment

- ☐ per month
☐ per 3 months
☐ per 6 months
☐ per year

* For the **AZPAS BUDGET** only the 3rd class coverage applies

Select desired date of inception of the insurance:

(The insurance can only become effective after acceptance by Assuria)

Questions as regards the person to be insured

Nr	Fill in/Tick where appropriate	Yes	No
1	Length in cm: <input type="text"/> Weight in kg: <input type="text"/>		
2	Do you suffer from a disease / condition for which you are treated regularly by the doctor and/or a medical specialist?	<input type="checkbox"/>	<input type="checkbox"/>

Nr	Fill in/Tick where appropriate	Yes	No
3	Do you use medicines that you have to take daily?	<input type="checkbox"/>	<input type="checkbox"/>

***Note:**

The family doctor is the doctor who knows which conditions you have and from whom medical information may be retrieved by Assuria Medische Verzekering N.V.

If during the application procedure your health condition changes, you are obliged to report this to Assuria Medische Verzekering N.V. Non-compliance with this obligation may lead to nullification of the insurance.

Undersigned declares to have truthfully answered all questions and undertakes to accept the policy to be drawn up in pursuance of this application at payment of the premium and costs due. The applicant is aware that the insurance only becomes effective after the acceptance by the company. Article 320 of the Commercial Code**.

The undersigned herewith authorizes all physicians that have treated or will treat him/her to provide the information about his/her health situation to Assuria Medische Verzekering N.V. if so requested.

Place: Date:

Signature of the person to be insured (in case of a minor, the signature of the parents or guardian)

Place: Date:

Signature of the policyholder (if other than person to be insured)

** Article 320 of the Commercial Code reads: any wrong or false statement or any concealment of circumstances that are known to the insured (read policyholder), no matter whether this was done in good faith, which is of such nature that the agreement would not have been entered into or not on the same conditions had the insurer known about the true state of affairs, shall render void the insurance.

SMS/E-MAIL SERVICES

Tick that which applies to you:

- ☐ Yes, I give Assuria N.V. permission to send information about insurance policies and promotions via SMS/e-mail free of charge.
- ☐ No, I do not give Assuria N.V. permission to send information about insurance policies and promotions via SMS/e-mail free of charge.

TIPS AND INFORMATION

- ✓ Please check that you have **filled in, circled or explained everything** where necessary. If the form has not been filled out completely and signed, unfortunately your application cannot be processed.
- ✓ Application is taken into consideration by Assuria Medische Verzekering if received within one month of signing.
- ✓ Go through the **policy conditions** thoroughly and if necessary ask for any further explanation, so that if you use your Azpas card in the future, you know what your rights and obligations are.

Name agent:

IP number agent: